Are Children at Risk for Sexual Abuse by Homosexuals?

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ABSTRACT. *Objective.* **To determine if recognizably homosexual adults are frequently accused of the sexual molestation of children.**

Design. **Chart review of medical records of children evaluated for sexual abuse.**

Setting. **Child sexual abuse clinic at a regional children's hospital.**

Patients. **Patients were 352 children (276 girls and 76 boys) referred to a subspecialty clinic for the evaluation of suspected child sexual abuse. Mean age was 6.1 years (range, 7 months to 17 years).**

Data collected. **Charts were reviewed to determine the relationships of the children to the alleged offender, the sex of the offender, and whether or not the alleged offender was reported to be gay, lesbian, or bisexual.**

Results. **Abuse was ruled out in 35 cases. Seventy-four children were allegedly abused by other children and teenagers less than 18 years old. In 9 cases, an offender could not be identified. In the remaining 269 cases, two offenders were identified as being gay or lesbian. In 82% of cases (222/269), the alleged offender was a heterosexual partner of a close relative of the child. Using the data from our study, the 95% confidence limits, of the risk children would identify recognizably homosexual adults as the potential abuser, are from 0% to 3.1%. These limits are within current estimates of the prevalence of homosexuality in the general community.**

Conclusions. **The children in the group studied were unlikely to have been molested by identifiably gay or lesbian people.**

In the fall elections of 1992, referenda were placed on ballots in several states which limited the civil rights of men and women who live a homosexual lifestyle. In Colorado, a constitutional amendment passed which made it illegal for cities or counties to pass legislation protecting the civil rights of gays and lesbians. In Oregon, a stronger proposal failed which would have declared homosexuality "abnormal, wrong, unnatural, and perverse . . .", and declared that the state should categorize homosexuality with pedophilia in that regard. A person suspected of being homosexual could have been barred from access to children even if this meant losing a job as a teacher, librarian, or pediatrician. While the Oregon legislation failed, the success of the Colorado initiative prompted its supporters to introduce similar proposals in 14 other states.

One of the justifications presented for strong anti-gay legislation in these states was the assertion that gays and lesbians are at particularly greater risk to sexually molest children. "Colorado for Family Values," a group lobbying to limit gay rights, asserted that people living a homosexual lifestyle were responsible for 50% of all child molestation ("Atler disputes group's assertions about gays." *Denver Post*, 3 Sept. 1992: B5). The group called attention to articles which advocated "man-boy love."[1-4]

Little is known empirically about the risk of children being sexually molested by individuals who have "come out" or allowed themselves to be identified as homosexual by the general community.[5] A review of the literature reveals few references to persons living a homosexual lifestyle and committing child sexual abuse.[6,7] Clinical experience in the evaluation of sexually abused children would indicate that homosexual individuals are infrequently named as potential perpetrators. Yet, as public policy may hinge on the potential risk homosexual individuals pose to children, the question must be addressed.

To this end, charts of children evaluated in a child abuse clinic were reviewed to determine if they had been molested by someone who might have an identifiable homosexual orientation.

METHODS

The charts of all *sexually abused* children seen in 1 year (July 1, 1991 through June 30, 1992) in the child abuse clinic or emergency room of a children's hospital were reviewed by the authors. Variables examined were age and sex of the child suspected of having been abused, age and sex of the alleged abuser, and the relationship of the potential abuser to the victim. Special attention was paid to any reference in the chart that might indicate the alleged perpetrator's sexual orientation or marital status. The information was collected retrospectively. The alleged perpetrators were not interviewed.

The relationship of the child and his or her family to the alleged perpetrator was routinely determined as part of the assessment of risk for further molestation. It was also standard practice to inquire about risk factors of sexually transmitted diseases, including asking if the alleged abuser was an intravenous drug user, had same sex partners, or lived a homosexual lifestyle.

The persons performing the examinations were trained experts (pediatricians and child health associates) in the medical evaluation of childhood sexual abuse. The informants were parents, foster parents, or child care workers accompanying the child to clinic. When appropriate, the children themselves were also queried.

RESULTS

Three hundred fifty two children were evaluated for suspected sexual abuse. Their mean age was 6.1

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years (range, 7 months to 17 years). Of this group 78% were girls (276/352) and 22% boys (76/352).

Thirty cases (8.5%) represented children who alleged abuse at the hands of other children (<13 years of age). An additional 44 children (12.5%) were allegedly molested by teenagers (aged 13 through 17). While many of the children abused by other children or adolescents experienced serious abuse, none of the cases involved a juvenile offender who was identified as gay or lesbian. One might speculate older teenage offenders could have assumed a homosexual identity, or were living a homosexual lifestyle. There was no indication from the records that this had occurred.

In nine cases, no alleged offender was identified. Of these, five cases were preverbial children who were thought to have been abused because of abnormal sexualized behavior or because of physical evidence of abuse. In two cases, the mother knew the offender but refused to identify him or her. In one case, two parents accused each other of abuse and no history was obtained from the child, and in another, a 6-year-old boy gave no history but was evaluated for possible abuse because he sexually abused another child.

The remaining 269 children were allegedly molested by adults. Male children represented 18.5% (50/269) of those molested by adults, while 81.5% (219/269) were female. Females molested by adult males constituted the largest group of abused children. The 206 girls allegedly abused by male adults included 169 where the named perpetrator was the child's father, stepfather, foster father, grandfather, or a boyfriend of the child's mother or grandmother, or the spouse or boyfriend of another close female relative. In other words 77% (169/219) of the assaults by adults on female children were alleged to have been committed by a man who was, or had been, in a heterosexual relationship with the child's mother, grandmother, or close relative. The relationships of the alleged offenders to the child victims are given in Table 1. None of the alleged male offenders against female children was identified by the family or social service agencies as potentially homosexual.

Eight of the females molested by adults were alleged to have been victimized by women (8/219 = 3.6%). The persons identified included two mothers, two grandmothers, a married family friend, a heterosexual babysitter, and a stranger. Thus, six of the eight females offending against girls were viewed to be heterosexual in their social network, and the orientation of the stranger was unknown.

One case involved a female acquaintance (and mother of one child) who had made a sexual advance to the mother of the victim. She was identified as lesbian by the mother of the child victim. Thus, the percentage of girls alleged to have been molested by potentially identifiable lesbian women was 0.4% (1/219).

Five girls were alleged to have been molested by both a male and a female, including three by father and mother, one by stepfather and mother, and one by married male and female babysitters (Table 1).

The male children allegedly victimized by adults were likewise abused primarily by men (see Table 1).

TABLE 1. Relationships Between Female and Male Child Victims and Alleged Adult Offenders

Relationship	Female Victims		Male Victims	
	Number of Cases	Percent	Number of Cases	Percent
Male offenders	206	94.1	42	84.0
Father	88	40.2	18	36.0
Mother's boyfriend	26	11.9	8	16.0
Stepfather	25	11.4	3	6.0
Grandfather	14	6.4	2	4.0
Friend of family	13	5.9	4	8.0
Uncle	9	4.1	4	8.0
Babysitter	7	3.2		
Stranger	6	2.7		
Daycare worker	3	1.4		
Cousin	2	0.9		
School personnel	2	0.9		
Stepgrandfather	2	0.9		
Aunt's boyfriend	1	0.5	1	2.0
Brother-in-law	1	0.5		
Foster father	1	0.5	1	2.0
Grandmother's boyfriend	1	0.5	1	2.0
Group home supervisor	1	0.5		
Minister	1	0.5		
Neighbor's boyfriend	1	0.5		
Sister's boyfriend	1	0.5		
Unknown	1	0.5		
Female offenders	8	3.7	3	6
Friend of family	2	0.9		
Grandmother	2	0.9	1	2.0
Mother	2	0.9	2	4.0
Babysitter	1	0.5		
Stranger	1	0.5		
Two offenders, male and female	5	2.3	5	10.0
Father/mother	3	1.4	5	10.0
Babysitters	1	0.5		
Stepfather/stepmother	1	0.5		

Of the male children 74% (37/50) were allegedly molested by a man who was, or had been, in a heterosexual relationship with the child's mother, foster mother, grandmother, or other female relative.

Four friends of the family and one unmarried uncle constituted the balance of the alleged male offenders against boys. One of the friends of the family was described as "living with the child's father." Although he was not identified clearly as homosexual, the description given by the child's mother left the possibility that this man may have been gay. None of the other four were identifiable by chart review as being homosexual. Nor were any of the males living in a heterosexual relationship with the mothers or grandmothers of the male children identified in any way as homosexual. Using the criterion that the alleged offender might possibly be identifiable as being homosexual by the caretaker, there was one male child potentially offended against by a homosexual male (1/50 = 2%).

Three boys named a woman as the alleged perpetrator. Two of these were mothers and the third was the grandmother of the victims. Five boys were alleged to have been offended against by both their mother and father (Table 1).

In addition to noting the relationship to the child, we evaluated the information provided about the alleged perpetrators to determine if they were in-

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volved or had been involved in heterosexual relationships. Heterosexual relationships were documented for 237 (88%) of the alleged adult offenders. In 32 cases no "sexual identity" could be inferred from the pattern of relationships documented in the chart. In most of these cases, the person who brought the child to the clinic was not personally acquainted with the alleged offender and had no knowledge of his or her habits or lifestyle.

As noted above, one individual was tentatively identified as a gay male, and one as a lesbian female. In addition, a developmentally delayed male with no known adult sexual relationships was alleged to have victimized a 3-year-old child and was noted to have a pattern of offending against other male and female neighborhood children. This person was judged to be a preferential child molester, or pedophile.

DISCUSSION

The central problem in conducting this study was attempting to establish the alleged offender's sexual orientation. The authors had to decide on a definition of what might identify someone as homosexual. Definitions of sexual orientation can be based on categorization of specific sexual behaviors, self identification, or social perception of the individual's presentation to the community.

If sexual behavior was used as the means to determine sexual orientation, a detailed sexual history would be compared with a predetermined standard of what constitutes a heterosexual, homosexual, or bisexual orientation. This method leaves important questions unanswered. How does one classify a man who identifies himself as gay, and leads a homosexual lifestyle, but whose only sexual behavior is limited to an occasional heterosexual contact; or the prisoner who has sex with men, sees himself as heterosexual, and who is defined as heterosexual in his community? These examples point out the difficulties in using a strictly behavioral definition of sexuality.

Self definition as heterosexual, homosexual, or bisexual has clear advantages in certain situations. For example, current statutes guaranteeing civil rights to individuals based on their sexual orientation rely on those individuals identifying themselves as needing protection under the law. In child abuse cases, self definition of an offender as gay, lesbian, or heterosexual would not be required to dispense fair and dispassionate justice. We are left with a socially determined perception of how one presents himself or herself to the community as the standard by which we can determine the alleged offender's sexual identity.

It might be argued that women offending against girls and men offending against boys constitutes homosexual conduct. One might also argue that the men in heterosexual relationships with the mothers or grandmothers of abused boys were really "bisexual" because of the evidence of relationships with individuals of both sexes. However, this post facto categorization of behavior, in addition to distracting us from the reality that child abuse has occurred, takes us far afield from the question of whether or not a group of persons may be committing a disproportionate amount of the child abuse in the community.

It is with this understanding that the authors attempted to determine if any of the alleged perpetrators cited in the medical records would be identifiable as gay, lesbian, or bisexual by the descriptions provided by the caretakers of the child being evaluated, or by the social agencies involved.

It is assumed that the caretaker would have a prime interest in knowing about the person who may have molested the child. It is also assumed that the perpetrator's sexual orientation, if identifiable, would be an important piece of information the caretaker would want to share with the evaluator. As the evaluators routinely asked for risk factors associated with sexually transmitted diseases, including whether the alleged perpetrator was known to lead a homosexual lifestyle, there was an opportunity during each evaluation for the caretaker to specify the sexual orientation of the potential offender.

Rather than focusing on the public personas and lifestyles of perpetrators of sexual abuse, most research concerning child abusers has emphasized the private sexual preferences of the offender. This has led to a typology of offenders which includes situational and preferential child molesters.[8] A situational child molester has a primary sexual preference for adults but in certain situations will offend against children. Preferential child molesters are considerably more rare, and sexually prefer children to adults. An identifying feature of preferential child molesters is their attraction to child pornography or erotica. A preferential child molester, or pedophile, will offend against children of a certain age and sex. As the age of child preferred for an individual offender gets older, the offender is more likely to be attracted to a child of a specific sex. Thus, preferential child molesters who offend against toddlers or young children are unlikely to discriminate between boys or girls, while someone attracted to older children will most likely offend selectively against either boys or girls. One of the adult perpetrators was identifiable from the evaluation records as someone who could be classified as a pedophile or preferential child molester.

Using this typology of offenders, individuals living either heterosexual or homosexual lifestyles could be either preferential or situational child molesters. Most child abuse appears to be committed by situational child abusers who present themselves as heterosexuals. In one study of 136 convicted child molesters, over 80% of the offenders had been in long term adult heterosexual relationships.[9] These individuals are represented in this study by the 82% of accused persons being in heterosexual relationships with a female relative of the abused child. Community-based studies of adults indicate the typical perpetrator is likely to be a trusted person in the child's immediate network of family or friends, and rarely is childhood sexual abuse committed by strangers.[10] The data reported here is consistent with this finding. Only seven of the children (7/269 = 2.6%) were alleged to have been abused by a stranger.

The definitive study of this question would be a prospective, longitudinal design that collected data

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concerning a specific cohort of children over a time frame of many years. The methodological issues in such a study would be extremely complicated. An alternative research design might be a case-controlled study starting with cohorts of self-identified homosexuals, bisexuals, and heterosexuals, and looking for evidence they have molested children. Both study designs could be fraught with errors based on self-reported behavior.

The current study would be improved if done prospectively with a standardized interview format where negative responses were routinely charted. Still, in the 269 cases where an adult was suspected to have sexually abused a child, there were only two children (0.7%) where the offender was identifiable as potentially homosexual or lesbian from the information provided by caregivers. The prevalence rate for homosexuality in the adult population is still under debate. While data from the Kinsey study would suggest homosexuals represent between 5% and 10% of the population,[11] a recent study indicates the prevalence to be in the range of 1% to 2%.[12] Using the data from our study, the 95% confidence limits of the risk children would identify recognizably homosexual adults as the potential abuser are from 0% to 3.1%. These limits are within current estimates of the prevalence of homosexuality in the general community.

The majority (222/269 = 82%) of children in this sample were suspected of being abused by a man or woman who was, or had been, in a heterosexual relationship with a relative of the child. In other words, in this sample, a child's risk of being molested by his or her relative's heterosexual partner is over 100 times greater than by someone who might be identifiable as being homosexual, lesbian, or bisexual.

While homophobia is not a new phenomenon in our culture, the attempt to discriminate against persons living a homosexual lifestyle as official social policy represents a significant change from the status quo. Religious beliefs often underlay peoples' motivations for restricting civil rights of gays and lesbians (Applebome, Peter. "Religious right intensifies campaign for Bush." *New York Times* 31 Oct. 1992: A1). However, the issue of child sexual abuse has been a prominent argument used in support of these measures.

While conclusions made from this sample must be treated cautiously because of the retrospective nature of the study, no evidence is available from this data that children are at greater risk to be molested by identifiable homosexuals than by other adults. There is no support for the claim to this effect by groups advocating legislation limiting rights of homosexuals.

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MIXED MESSAGE FROM CANADA

Fewer doctors in Canada eye greener pastures, says a survey by Medical Post, a trade magazine. Some 45% "seriously" consider leaving Canada, compared with 49% in a 1979 survey. The U.S. is the most likely relocation choice, though 64% believe that Canada's government-run health system offers a better working climate than the U.S. and 87% think that patients get better care in Canada.

Fewer doctors. *The Wall Street Journal*. December 23, 1992.

Noted by J.F.L., MD

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